

## **Orientation Sign-Off Form**

I have received training to serve as a Hometown Mentor in the following areas: *Please check all that apply* 

| Overview of the College Success Foundation  |   | Overview of CSF Programs   |   |
|---|---|--|---|
| Mission Other Scholarship Programs Foundation Website – www.collegesuccessfoundation.org CSF Staff Contact Information  |   | Program goals Funding Sources Profile of Students Served Program Structure Expectations of CSF Program Participants in High School |   |
| Hometown Mentor Policies, Practices & Procedures  | П | Overview of the Hometown Mentor Program  | П |
| HTMs must maintain the confidentiality of their mentee(s)(nexceptions) Meetings must be held on campus in open, public places HTMs cannot transport mentees HTMs must follow school sign in procedures HTMs must document meeting topics & provide record of meetings to CSF Staff HTMs must not consume alcohol within 4 hours before meet workshops or programs |   | Mission/Purpose Stakeholders Role of College Preparatory Advisor Role of Hometown Mentor Growing the Relationship (Stages)         |   |
| The next training will be: Part 2 Developing the Tentatively scheduled for :  I would like to receive additional information an   | V |  |   |
| Mentor Signature  |   | Date   |   |
| Print Name  |   |  |   |
| College Prep Advisor/Trainer  |   | High School  | — |
| For College Preparatory Advisory Use Only   |   |  |   |
| Additional Workshops/Refresher Training   |   | Date   |   |
|   |   |  |   |
|   |   |  |   |